CARE AGE OF BROOKFIELD 1755 NORTH BARKER ROAD

BROOKFIELD 53045 Phone: (262) 821-3939 Ownership: Corporation Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/05): 110 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/05): 110 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/05: 101 Average Daily Census: 103

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)				
Primary Diagnosis	8	Age Groups _	* 	 Less Than 1 Year 1 - 4 Years	49.5 35.6
Developmental Disabilities	5.0	Under 65	1.0	More Than 4 Years	14.9
Mental Illness (Org./Psy)	33.7	65 - 74	6.9		
Mental Illness (Other)	5.0	75 - 84	30.7		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	53.5		
Para-, Quadra-, Hemiplegic	1.0	95 & Over	7.9	Full-Time Equivalent	
Cancer	1.0			Nursing Staff per 100 Resid	ents
Fractures	5.9		100.0	(12/31/05)	
Cardiovascular	8.9	65 & Over	99.0		
Cerebrovascular	9.9			RNs	16.1
Diabetes	0.0	Gender	%	LPNs	14.7
Respiratory	6.9			Nursing Assistants,	
Other Medical Conditions	22.8	Male	27.7	Aides, & Orderlies	45.7
		Female	72.3		
	100.0	İ		İ	
			100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		1	Private Pay	!		amily Care			anaged Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	5.7	154	0	0.0	0	2	3.7	190	0	0.0	0	0	0.0	0	4	4.0
Skilled Care	12	100.0	356	33	94.3	132	0	0.0	0	41	75.9	175	0	0.0	0	0	0.0	0	86	85.1
Intermediate				0	0.0	0	0	0.0	0	11	20.4	168	0	0.0	0	0	0.0	0	11	10.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		35	100.0		0	0.0		54	100.0		0	0.0		0	0.0		101	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	or kesidents	COHUIC	services, an	d Activities as of 12/	31/US
beachs burning Reporting Terrou				Total			
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		78.2	21.8	101
Other Nursing Homes	1.9	Dressing	5.9		81.2	12.9	101
Acute Care Hospitals	91.9	Transferring	8.9		74.3	16.8	101
Psych. HospMR/DD Facilities	0.8	Toilet Use	8.9		72.3	18.8	101
Rehabilitation Hospitals	0.4	Eating	55.4		30.7	13.9	101
Other Locations	0.0	*******	******	*****	******	*******	*****
Total Number of Admissions	258	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	13.9	Receiving Resp	iratory Care	17.8
Private Home/No Home Health	18.4	Occ/Freq. Incontiner	it of Bladder	44.6	Receiving Trac	heostomy Care	1.0
Private Home/With Home Health	11.3	Occ/Freq. Incontiner	it of Bowel	38.6	Receiving Suct	ioning	2.0
Other Nursing Homes	2.3	İ			Receiving Osto	my Care	1.0
Acute Care Hospitals	27.8	Mobility			Receiving Tube	Feeding	5.0
Psych. HospMR/DD Facilities	1.1	Physically Restraine	ed.	3.0	Receiving Mech	anically Altered Diets	25.7
Rehabilitation Hospitals	0.0	į					
Other Locations	0.4	Skin Care			Other Resident C	haracteristics	
Deaths	26.3	With Pressure Sores		5.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	266	İ			Receiving Psyc	hoactive Drugs	65.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

***************	******	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8 8		% Ratio		% Ratio		Ratio	ઇ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.6	85.1	1.10	84.6	1.11	86.5	1.08	88.1	1.06
Current Residents from In-County	73.3	82.7	0.89	87.4	0.84	84.9	0.86	77.6	0.94
Admissions from In-County, Still Residing	14.7	15.8	0.89	17.0	0.87	17.5	0.84	18.1	0.94
• • • • • • • • • • • • • • • • • • • •									
Admissions/Average Daily Census	250.5	247.5	1.01	221.6	1.13	200.9	1.25	162.3	1.54
Discharges/Average Daily Census	258.3	250.7	1.03	225.9	1.14	204.0	1.27	165.1	1.56
Discharges To Private Residence/Average Daily Census	76.7	109.5	0.70	100.1	0.77	86.7	0.88	74.8	1.03
Residents Receiving Skilled Care	89.1	96.3	0.93	97.0	0.92	96.9	0.92	92.1	0.97
Residents Aged 65 and Older	99.0	84.6	1.17	90.1	1.10	90.9	1.09	88.4	1.12
Title 19 (Medicaid) Funded Residents	34.7	59.3	0.58	55.5	0.62	55.0	0.63	65.3	0.53
Private Pay Funded Residents	53.5	13.3	4.03	21.9	2.44	22.5	2.37	20.2	2.65
Developmentally Disabled Residents	5.0	1.9	2.54	1.2	4.10	1.1	4.35	5.0	0.99
Mentally Ill Residents	38.6	29.4	1.31	28.6	1.35	31.0	1.24	32.9	1.17
General Medical Service Residents	22.8	26.5	0.86	30.3	0.75	26.5	0.86	22.8	1.00
Impaired ADL (Mean)	50.9	53.7	0.95	52.9	0.96	52.3	0.97	49.2	1.03
Psychological Problems	65.3	53.4	1.22	56.3	1.16	58.3	1.12	58.5	1.12
Nursing Care Required (Mean)	7.2	7.7	0.94	6.9	1.05	7.3	0.98	7.4	0.97